

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>5092</u>	2. Fiscal Year Covered From: <u>01</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>ANTHONY</u> <u>STORZ</u> P.O. Box, Bldg., Room No., if any Street <u>12 Adlai Circle</u> City <u>STATEN ISLAND</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10312</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTER'S LOCAL 807</u> Labor Organization File Number <u>006300</u> P.O. Box, Building and Room Number, if any Street <u>32-43 49th Street</u> City <u>LI City</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11103</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Anthony Storz

On 8/4/05
Date

718-608-0692
Telephone Number

Name of Person Filing

ANTHONY STORZ

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Segal CompanyTrade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE PARK AVECity NEW YORKState NY ZIP Code + 4 10016-5925

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name 807 LABOR MGMT FUNDSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 32-43 49STCity Long Island CityState NY ZIP Code + 4 11103

11.a. Nature of such dealing.

Benefit Consulting Services
for Local 807 LABOR MGMT FUNDS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner at Educational Seminar
Paid by Segal Company in
Poncho Beach P.R.

12.b. Amount. \$75.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing ANTHONY STARZ	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Segal Company</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street One PARKS AVE</p> <p>City NEW YORK</p> <p>State NY ZIP Code + 4 10016-5985</p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name 807 LABOR Management FUND</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 32-43 49ST</p> <p>City Long Island City</p> <p>State NY ZIP Code + 4 11103</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p>Benefit Consulting Services for Local 807 LABOR mgmt FUND</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Segal Company Paid for Golf Outting at Local 707 Scholarship Golf Outting in Long Island NY</p> <p>12.b. Amount. \$1250.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p></p> <p>14.b. Amount of payment. </p>
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Name of Person Filing

ANTHONY STORZ

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Segal CompanyTrade Name, if any: P.O. Box, Bldg., Room No., if any Street One PARK AVECity NEW YORKState NEW YORK ZIP Code + 4 10016-5885

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 807 Labor Mgmt FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 32-43 49thCity Long Island CityState NY ZIP Code + 4 11103

11.a. Nature of such dealing.

Benefit Consulting + Actuarial
Services for Local 807 Labor Mgmt
Funds

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Paid for (1) one round of
golf at Educational Semper
at Dade Beach FL with
Segal Advisors

12.b. Amount. \$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing **ANTHONY STORZ**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Local 807 Labor Management Funds**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **32-43 49th Street**City **Long Island City**State **NY** ZIP Code + 4 **11103**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

**Benefit Consulting and Actuarial
Services, for Local 807 Labor
MANAGEMENT FUNDS SHARE A
BUILDING w/ Local 807 UNION**11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**LUNCH AT TRUSTER MEETING
1/14/04, 2/11/04, 3/9/04, 4/13/04
6/8/04, 9/20/04, 11/9/04, 12/14/04
AT \$20 EACH**12.b. Amount. **\$1.60**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

File Number U-

8. Name and address of Business (including trade name, if any).

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 32-43 49 St

City Long Island City

State NY ZIP Code + 4 11103

9. Business deals with:

☒

a. Labor Organization

☐

b. Trust

1

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street City

State ZIP Code + 4

11.a. Nature of such dealing.

Benefit Consulting + Actuarial
Services for Local 807 Mgmt Funds
Share a building with Local 807
THE UNION

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Educational Seminar Segal Advisors
Donado Beach. P.R.

4/25/04 - 4/28/04

12.b. Amount.

\$2,254.42

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street _____

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.